

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004335

1. Entity Name

TRUE EXPRESSIONS, INC.

Principal Place of Business

6085 PARK BLVD.
PINELLAS PARK FL 34665

Mailing Address

6085 PARK BLVD.
PINELLAS PARK FL 34665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3342179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIVACK, RON
835 18TH AVE NE
SAINT PETERSBURG FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CARPENTER, BILL
STREET ADDRESS 7300 SUNSHINE SKYWAY LN, #207
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☒ Delete

TITLE Pres/Dir
NAME Paul Anderson
STREET ADDRESS 3505 Gulf Blvd, #N
CITY-ST-ZIP St. Pete Beach, FL 33706 ☒ Change ☐ Addition

TITLE SD
NAME MALINSKY, KATHLEEN
STREET ADDRESS 1401 63RD TERR
CITY-ST-ZIP SAINT PETERSBURG FL 33705 ☒ Delete

TITLE Secretary/Dir
NAME Kerry Clawson
STREET ADDRESS 158 11th Ave NE
CITY-ST-ZIP St. Petersburg, FL 33701 ☒ Change ☐ Addition

TITLE TD
NAME FISHBACK, JERE
STREET ADDRESS 1501 75TH CIR NE
CITY-ST-ZIP SAINT PETERSBURG FL 33702 ☐ Delete

TITLE VP/Dir
NAME Kevin Baughman
STREET ADDRESS 6107 8th Ave So.
CITY-ST-ZIP Gulfport, FL 33707 ☒ Change ☐ Addition

TITLE SD
NAME VOLLENHOVEN, IRA V
STREET ADDRESS 3002 W CLEVELAND ST #C2
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Paul Anderson
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90224 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)